

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086240

FILED
Jan 31, 2007
Secretary of State

Entity Name: EDWIN WALKER ENTERPRISES, INC.

Current Principal Place of Business:

POST OFFICE BOX 1247
DE LEON SPRINGS, FL 321301247 US

New Principal Place of Business:

4455 MILLS RD
DE LAND, FL 32724 US

Current Mailing Address:

POST OFFICE BOX 1247
DE LEON SPRINGS, FL 321301247 US

New Mailing Address:

FEI Number: 04-3707063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STOVER, JOSEPH L
4310 MCCORVEY ROAD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PATRICK, MARK
Address: POST OFFICE BOX 1247
City-St-Zip: DE LEON SPRINGS, FL 321301247

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: PATRICK, SHARON
Address: 4455 MILLS RD
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON PATRICK

VP

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date